,	ANSMITTAL FORM  all correspondence after initial filing Pages in This Submission	Attorney Docket Num	3765 Jena A. Sc	4 al. old
Amendme  Af  Af  Af  Extension  Express A  Informatio  Certified C  Documen  Reply to M Incomplet  Re	emittal Form  ee Attached  ent/Reply  ter Final  fidavits/declaration(s)  of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority  t(s)  Missing Parts/ te Application eply to Missing Parts nder 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Paper  Petition  Petition to Convert to a Provisional Application Power of Attorney, Rev Change of Corresponded  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table  Remarks	ocation ence Address on CD	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):
Firm Name Signature Printed name	Lambert and Associates  Daniel N. Brown	JRE OF APPLICANT, A		

## I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name George S. MacInnis Date 11/18/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032

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aperwork Reduction Act of 1995 no persons are required to res

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purs	uant	to the	Consc	olidated	Appro	priatio	ns Act	, 2005 (H	i.R. 4	4818)
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For FY 2006

Applicant claims small entity st	tatus. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\$)	

spond to a collection of info	mation unless it displays a valid ONIB control number			
Complete if Known				
Application Number	10/814,664			
Filing Date	03/31/2004			
First Named Inventor	Grande et al.			
Examiner Name	Jena A. Sold			
Art Unit	3765			
Attorney Docket No.	04-16-NG			

Fee (\$)

50

200

360

Fee (\$)

METHOD OF PAYMENT (check all that apply)
Check Credit Card Money Order None Other (please identify):
Deposit Account Deposit Account Number: 12-0115  Deposit Account Name: Lambert and Associates
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
Charge any additional fee(s) or underpayments of fee(s)   under 37 CFR 1.16 and 1.17
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## **FEE CALCULATION**

1.	BASIC FILING	SEARCH. A	ND EXAMINATION FEES
	DAOIO I ILII1O,	QEAILOII, A	110

	FILING	FEES Small Entity	SEARC	H FEES Small Entity		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	_
Provisional	200	100	0	0	0	0	\$0
2. EXCESS CLAIM FI	EES					4	Small Entity

## 2. EXCESS CLAIM FEES

Fee Description			
Each claim ove	r 20	(including	Reissue

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)		Fee Paid (\$)
20 or HP =	:	K	=	
HP = highest number of total	claims paid for, if	greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)		Fee Paid (\$)
- 3 or HP =	X	2	=	

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Pald (\$) Total Sheets / 50 = (round up to a whole number) x \$0

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension for Reply within First Month (small entity)

Fees Paid (\$)

Fee (\$)

25

100

180 **Multiple Dependent Claims** 

Fee Paid (\$)

\$0

SUBMITTED BY		
Signature 2 / Signature	Registration No. (Attorney/Agent) 56,445	Telephone 617-720-0091
Name (Print/Type) Daniel N. Smith		Date 11/18/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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